APR 1 9 2007

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4/10/07

AMENDMENT UNDER 37 C.F.R. §1.111

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attorney Docket	GUID-006CON6
Confirmation No.	4784
First Named Inventor	Taylor
Application Number	09/480,828
Filing Date	01/10/2000
Group Art Unit	3731
Examiner Name	Ho, Uyen T.
Title	Access Platform for Internal Mammary Dissection

Sir:

This amendment is responsive to the Office Action dated January 10, 2007 for which a three-month period for response was given making this response due on or before April 10, 2007. In view of the amendments to the claims and the remarks put forth below, reconsideration and allowance are respectfully requested.

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04/19/2007 SSESHE1 00000021 09480828

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 09/480,828 **TRANSMITTAL** Filing Date 01/10/2000 **FORM** First Named Inventor Taylor et al. Art Unit 3731 **Examiner Name** Ho, Uyen T. (to be used for all correspondence after initial filing) Attorney Docket Number GUID-006CON6 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)					
۔ ا	Fee Transmittal Form Fee Attached	Drawing(s) After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences			
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	Petition Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): - Credit Card Payment Form (1 pg.) - Postcard			
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks			
	SIGNA	TURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Nar	Me LAW OFFICE OF ALAN	V. CANNON			
Signature	re / N	Sm			
Printed n	name Alan W. Cannon				
Date	4/1	2/6 7 Reg. No. 34,977			
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Typed or	r printed name Maria J. Sousa	Date 4/10/07			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 02/28/2007. QMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/480.828 **Application Number** TRANSMI Filing Date 01//10/2000 For FY 2007 APR 19 2007 First Named Inventor Taylor et al. Examiner Name Ho, Uyen T. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT (\$) 800.00 GUID-006CON6 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify): Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 100 250 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 Reissue 150 500 250 600 300 Provisional 200 100 0 0 0 0

2. EXCESS CLAIM FEES Fee Description - Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims	Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180				
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>	Multiple [Dependent Claims				
26 - 20 or HP = 4 x 50 = 200.00	Fee (\$)	Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims		-				
11\$ or HP =3x200 =600.00						
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof.	<u>eof</u> <u>Fe</u>	e (\$) Fee Paid (\$)				
100 = 0 / 50 = (round up to a whole number)	×	=				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge):						

Registration No. 34,977 Telephone (408)736-3554 Signature (Attorney/Agent) Date Name (Print/Type) Alan Weannon

SUBMITTED BY

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